

Guidelines for OVHA Coverage

ITEM: Blood Glucose Monitor

DEFINITION: A device for monitoring the blood glucose levels of an individual with diabetes, for the purpose of improved diabetic control.

GUIDELINES: This device should be considered for the individual who:

- Has diabetes (ICD9 codes 250.00-250.93) which is being treated by a practitioner active with VT Medicaid AND
- This practitioner has ordered the glucose monitor and the related accessories and supplies AND
- This practitioner has provided supporting documentation that the beneficiary has participated in a comprehensive diabetic training program instructed by a certified diabetic educator, including proper diet, medication, and monitoring; and that the beneficiary and/or caregiver has demonstrated the ability to appropriately use the prescribed glucose monitor AND
- The device must be designed for home use.

Glucose monitors with special features for the visually impaired require supporting documentation of severely impaired vision (20/200 'best corrected vision' or worse).

Glucose monitors with special features for the individual with impaired manual dexterity require supporting documentation of this impairment.

CAUTIONS: The device is only for those diabetics who are treated with insulin.

EXAMPLES OF DIAGNOSES: Insulin dependent diabetes mellitus.

REFERENCES:

Complete Guide to Medicare Coverage Issues, St. Anthony Publ. , Nov. 2001. Ingenix Inc., Reston, VA

Local Medical Review Policies, Tricenturion LLC, Columbia SC, www.tricenturion.com.

Medical director's signature:_____

OVHA director's signature:_____

Date:

Revision 1:

Revision 2:

Revision 3: